

Name  
in  
Full

## CERTIFICATE OF DEATH

*Samuel Bafford*  
 Town *Solomons* County *Calvert*

MARYLAND

Died at *Solomons*  
 Date of death *1909* Month *Dec* Day *15* Age *—* Years *—* Months *5* Days *6*

Sex *male* Color or Race *White* Birth-place *Calvert Co md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Thomas J Bafford*

Father's Birthplace *Calvert Co md*

Mother's Maiden Name *Cassie E. Dixon*

Mother's Birthplace *Calvert Co md*

Name of person giving information *Frank Dixon*

How related to deceased *Uncle*

## CAUSES OF DEATH

27

Primary *Tuberculosis, Pulmonary* How long *about 1 mo*

Immediate *Meningitis* How long *2 days*

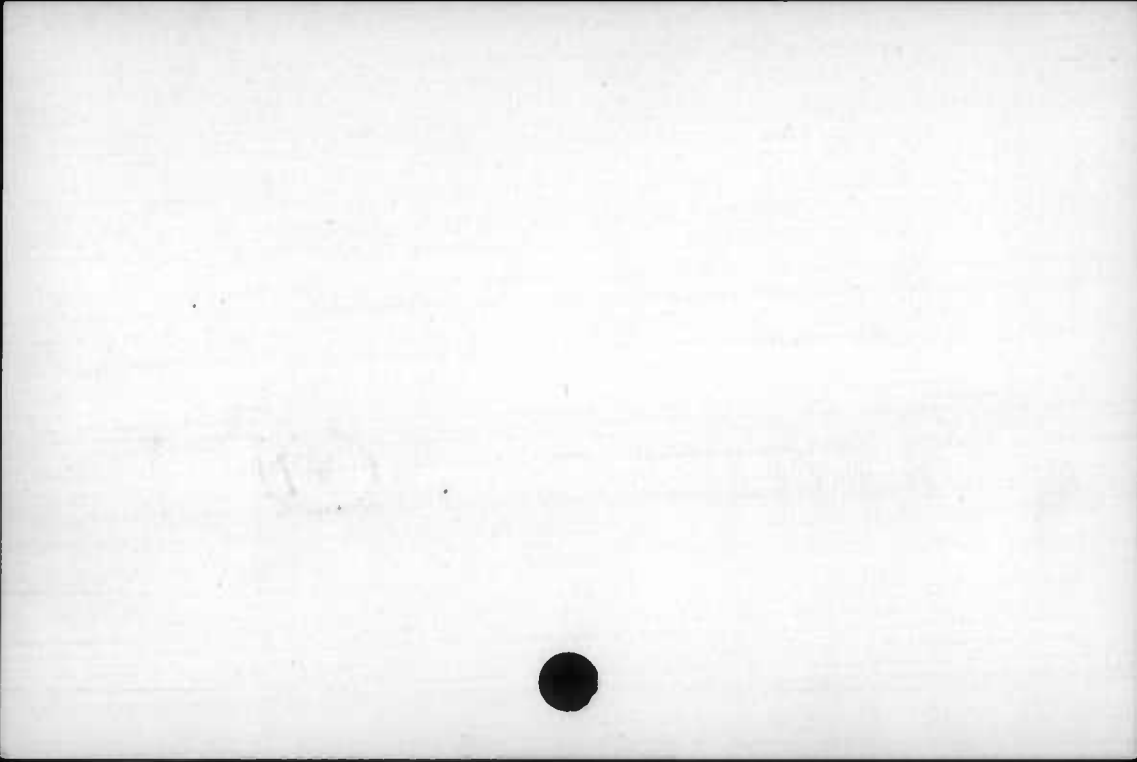
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. J. Chambers, M.D.*

Address *Lincolnton, Calvert Co, md*

Accident or Suicide? *—*

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Bertie Buckler

## CERTIFICATE OF DEATH

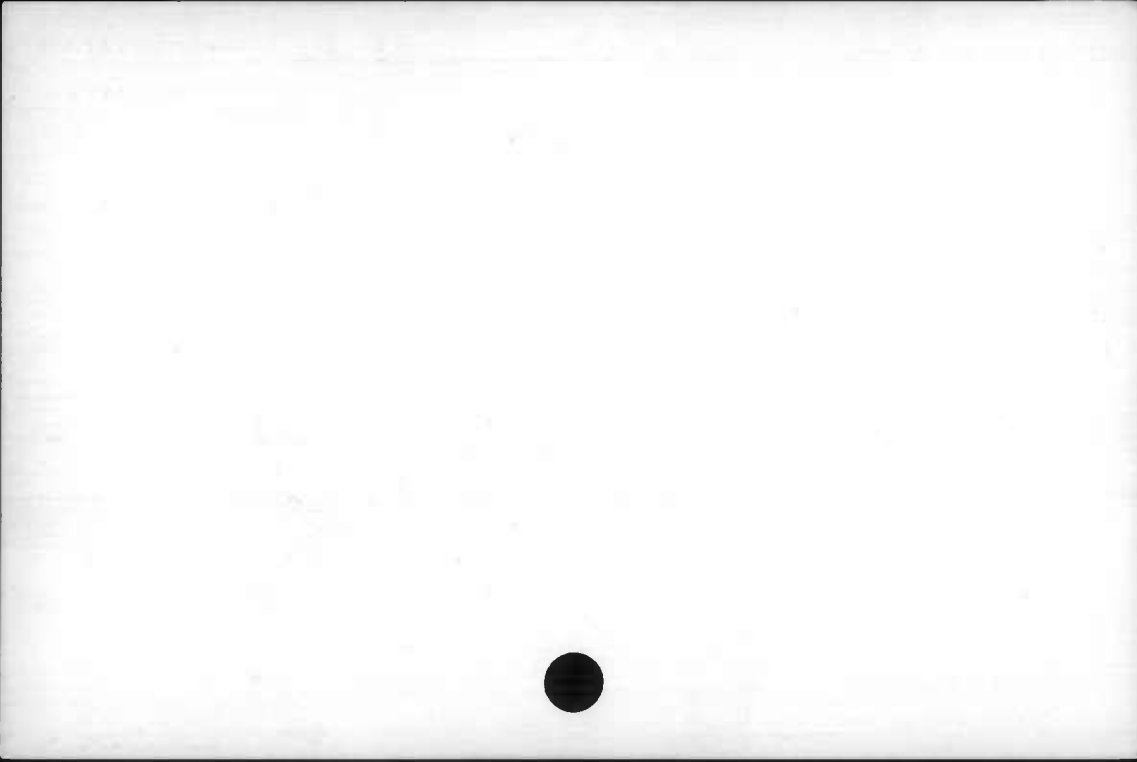
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Dares Harbor</i>		County <i>Calvert</i>		MARYLAND	
Date of death		Month <i>Feb</i>	Day <i>9</i>	Years <i>25</i>	Months	Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>md</i>			
Occupation <i>Housewife</i>				Where Reiding if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Maurice Buckler</i>					
Father's Name <i>Alex Buckler</i>				Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Mary</i>				Mother's Birthplace <i>Calvert Co</i>			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

Primary	<i>Typhoid fever</i>	How long	<i>6 weeks</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. M. King</i>	
		Address <i>Barstow md</i>	
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Infant- Chambers County

Died at Chesapeake Beach Calvert

Date of death 1909 Dec. 26 Age —

Sex Male Color or Race Colored

Occupation None Where Raiding if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Frank Chambers Jr

Mother's Maiden Name Clara Edna Earles

Name of person giving Information Frank Chambers Jr

MARYLAND

Birthplace Chesapeake Beach Md

Father's Birthplace Poplar's Bl.

Mother's Birthplace Poplar's Bl.

How related to Deceased Brother

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Aunie A. Gibson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

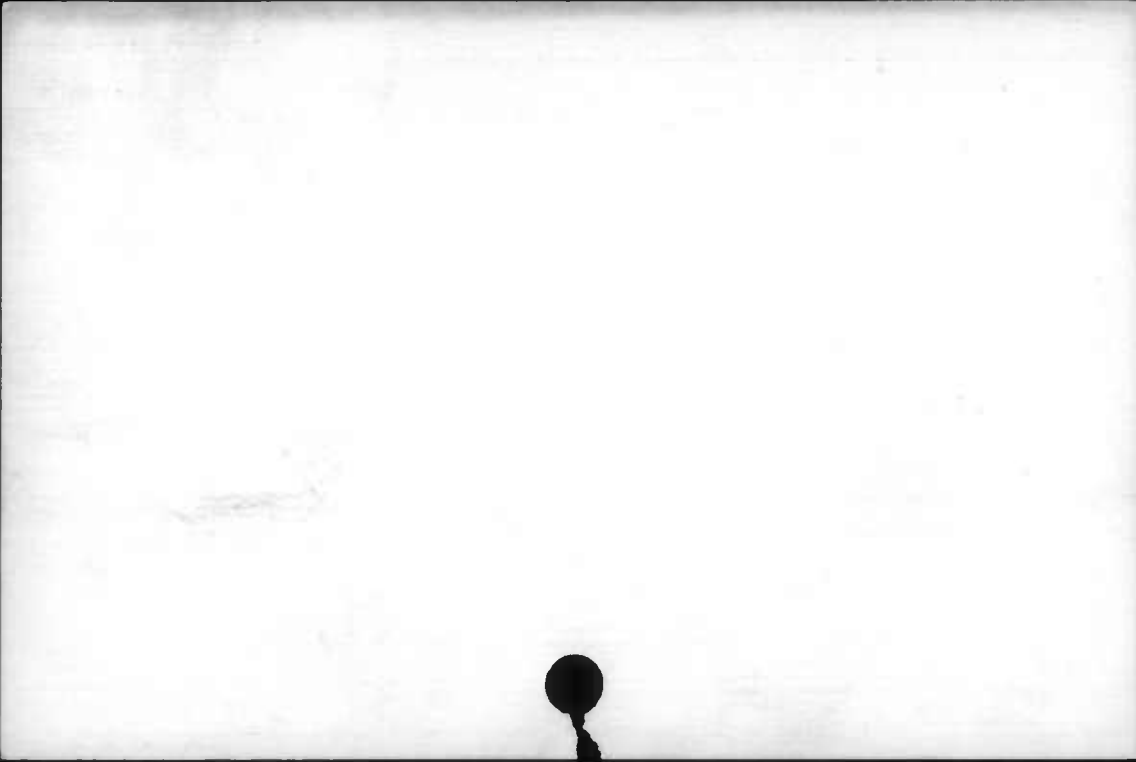
Died at <i>Lo. Mareboro</i>		Town <i>Calvert</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>Dec.</i>	Day <i>7</i>	Age <i>62</i>	Months <i>9</i>	Days		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Calvert Co</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Jas. W. Gibson of W</i>						
Father's Name <i>Dr Levin Neenan</i>	Fether's Birthplace <i>Calvert Co</i>						
Mother's Maiden Name <i>Carrie Bowen</i>	Mother's Birthplace <i>" "</i>						
Name of person giving Information <i>Hella Gibson</i>				How related to deceased <i>Daughter-in-law</i>			

## CAUSES OF DEATH

Primary <i>Acute Lobar Pneumonia</i>	How long <i>10 days</i>
Immediate <i>Heart Failure</i>	How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. Hummer</i>
	Address <i>Lo. Mareboro,</i>
Accident or Suicide <i>—</i>	<i>md</i>





Name  
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Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date

Month

Day

Years

Months

Days

of death 1909

Dec

14

Age

—

2

Sex

Boy

Color or  
Race

Birth-  
place

Calver county

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Not known

Father's  
Birthplace

Mother's  
Maiden Name

Mary Alice Giles

Mother's  
Birthplace

Calver County

Name of person giving  
Information

George Giles

How related  
to deceased

Grand father

CAUSES OF DEATH

Primary

Spasms of Fetus

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

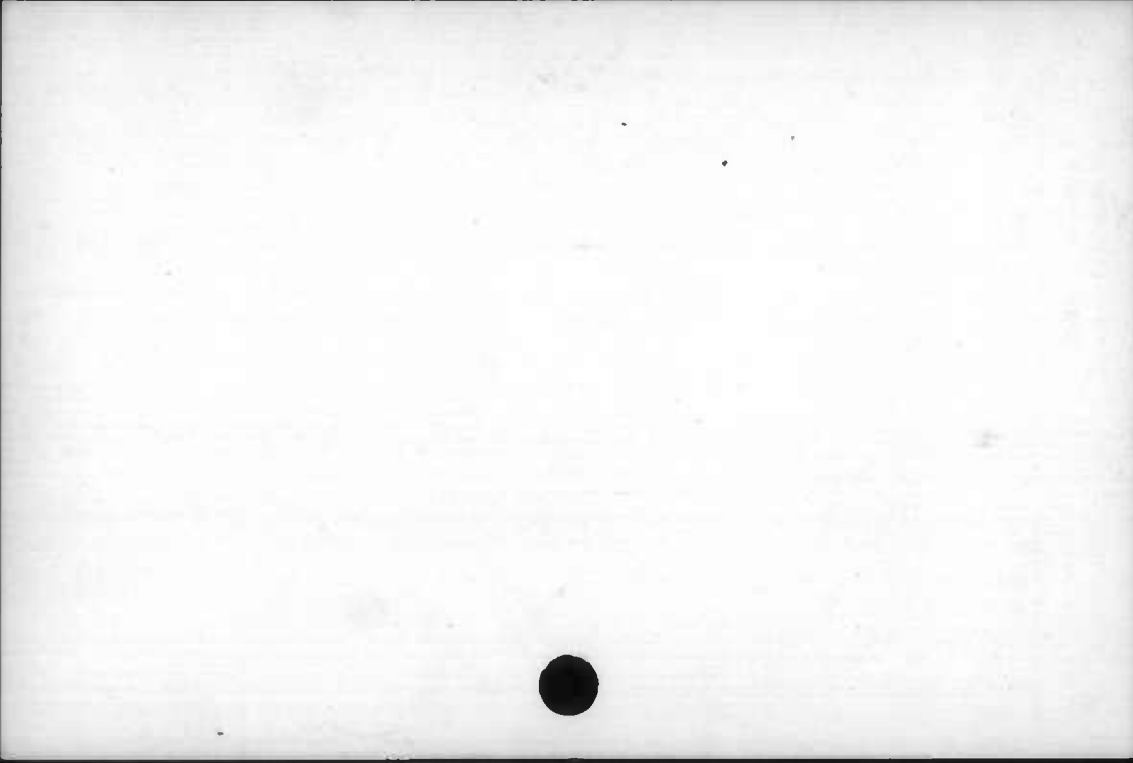
Signature of  
Physician

Wm H Ward Coroner

Address

Not Harmony Md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

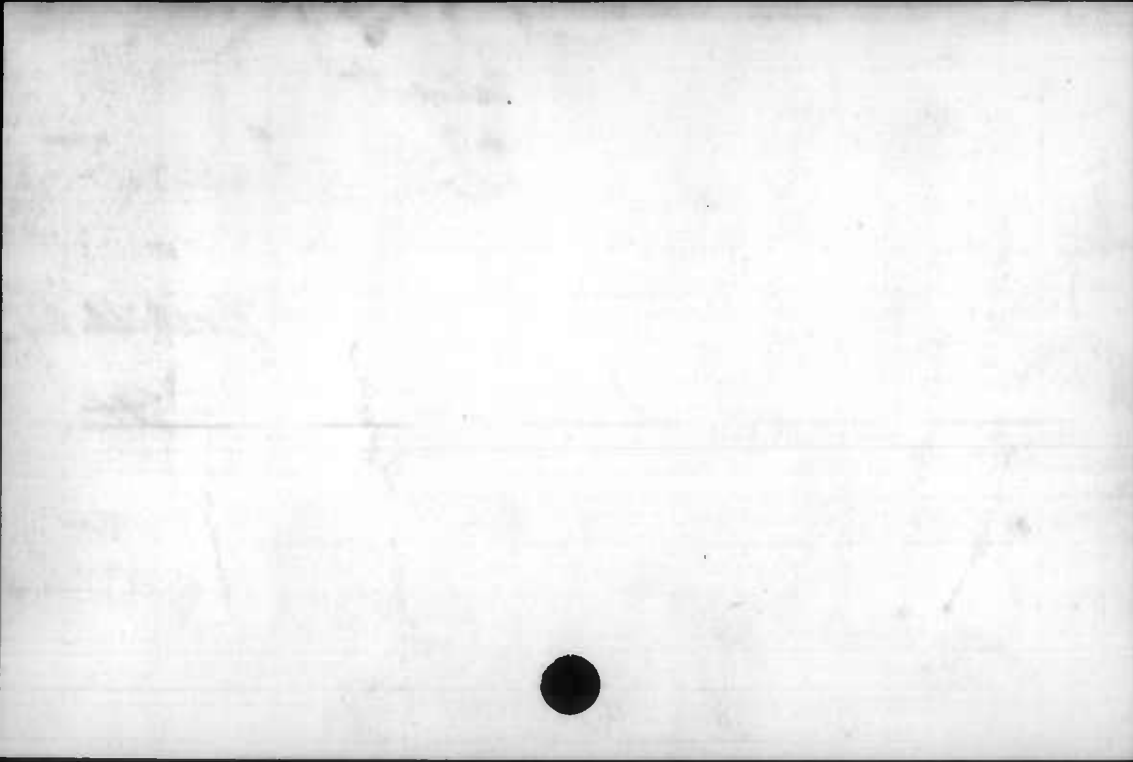
Died at		Town <i>Wallville</i>		County <i>Calvert</i>		MARYLAND	
Date of death		1909	Month <i>Dec.</i>	Day <i>25</i>	Age <i>27</i>	Years <i>9</i>	Months <i>—</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Wallville, Md.</i>			
Occupation <i>Oysterman</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John Graham</i>				Father's Birthplace <i>Wallville Md.</i>			
Mother's Maiden Name <i>Eliza Coater</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>William Ferdie Graham</i>				How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

164

PHYSICIAN  
OR CORONER

Primary	<i>Depressed fracture of skull</i>	How long	<i>7 hours</i>
Immediate	<i>Compression of the brain</i>	How long	<i>16 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>George Peterson</i>	
Caused by a blow on the head received in a fight with <i>John Coater</i>		Address <i>St. Leonards, Md.</i>	
Accident or Suicide?			



PHYSICIAN  
OR CORONER

OFFICE SUPPLY CO., 2284



Name  
in  
Full

Rebecca Hance

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

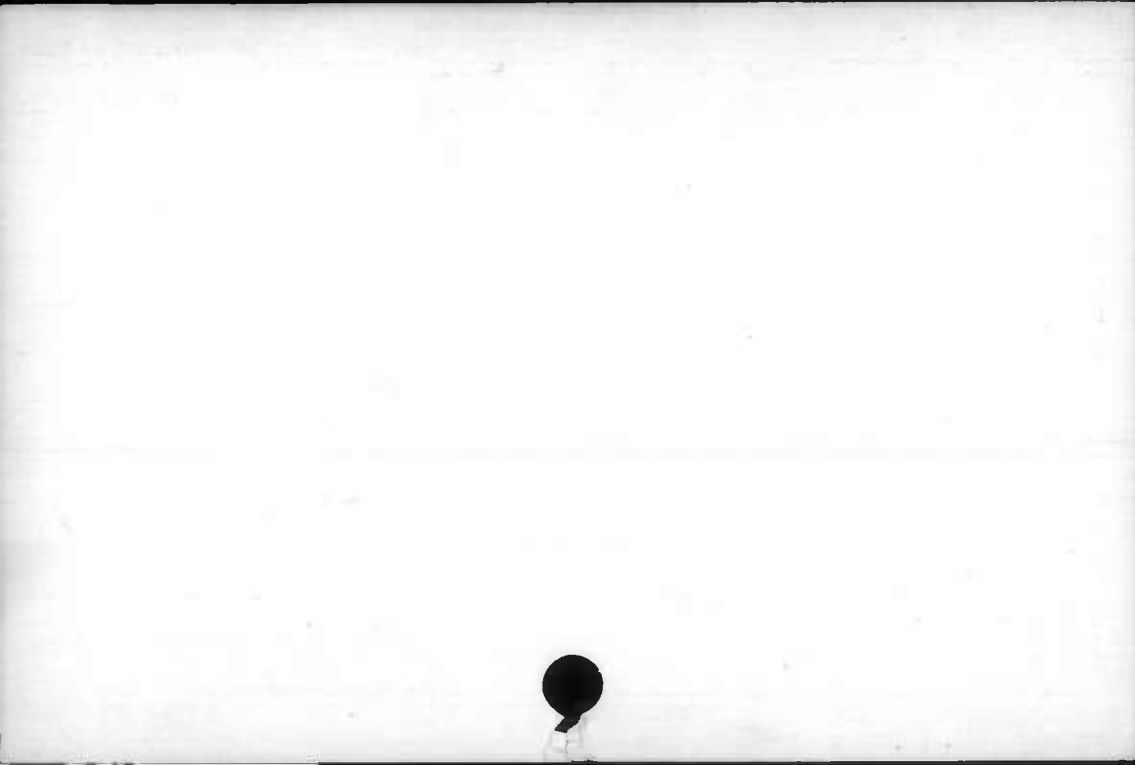
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Dec		Age 71			
Sex	Female	Color or Race	white	Birth-place	Leabert le		
Occupation	Housewife			Where Residing if not at place of dath			
Married, Single or Widowed	Single			Name of Wife or Husband			
				Kinney Hance			
Father's Name	Unknown			Father's Birthplace	Leabert le		
Mother's Maiden Name	Unknown			Mother's Birthplace	" "		
Name of person giving Information				How related to deceased			

## CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary	Chronic Bronchitis	How long	2 mos
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Baltimore Md.	
Accident or Suicide			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Jimmison Holland  
 Died at Chesapeake Beach Calvert  
 County

MARYLAND

Date of death 1909 Dec 2 Age 65  
 Month Day Year

Sex Male Color or Race Colored Birth-place Calvert Co

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Louisa Holland

Father's Name Edmund Holland Father's Birthplace Calvert Co

Mother's Maiden Name Kitty Emerson Mother's Birthplace Calvert Co

Name of person giving Information Louisa Holland How related to deceased wife

## CAUSES OF DEATH

Primary Cerebral Hemorrhage How long 64 12 days  
 Immediate Heart Exhaustion How long 24 hours

Are the name, age, sex, color, date and place correctly given above?

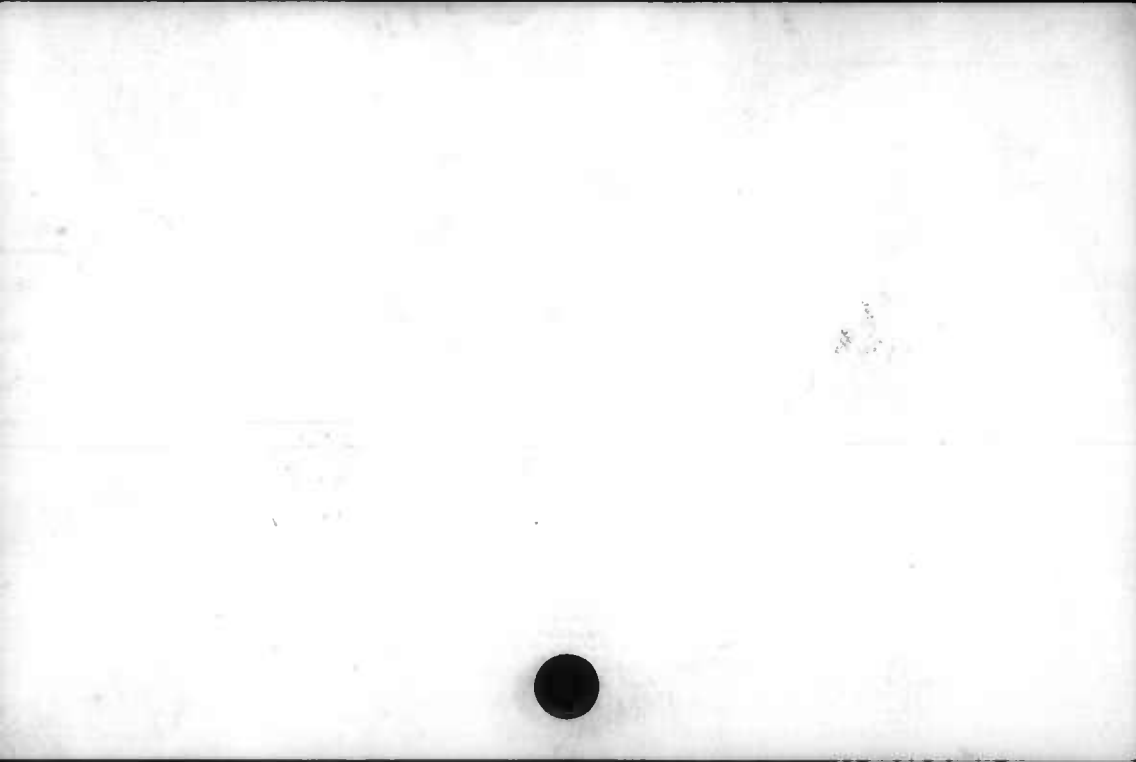
Yes

Signature of Physician

J. L. Bragshaw  
 Address Friendsville Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Alice M. L. Jones

## CERTIFICATE OF DEATH

Died at *Shiridans Ph* Town *Calvert* County

MARYLAND

Date of death *1909* *Nov* *20* Month Day Years *4* Months *9* DaysSex *Female* Color or Race *Colored* Birth-place *Calvert Co*Occupation *—* Where Residing if not at place of death *Calvert Co*Married, Single or Widowed *—* Name of Wife or HusbandFather's Name *William H Jones* Father's Birthplace *Calvert Co*Mother's Maiden Name *Maggie Ireland* Mother's Birthplace *" "*Name of person giving information *Jatis Ireland* How related to deceased *Grd. father*

## CAUSES OF DEATH

27

Primary *Tuberculosis of* How long *1 year*Immediate *Coughs* How longAre the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*D F Lushy*  
*Sub Reg.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

*Henris T. Parrow*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Willow</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death	190 <i>9</i> Dec.	Month	Day	Age	Months
			<i>20<sup>th</sup></i>	<i>27</i>	Days
Sex	<i>Male</i>	Color or Race	<i>Negro</i>	Birth place	<i>Willow, Md.</i>
Occupation	<i>Farmer</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>None</i>			
Father's Name	<i>Jacques Thomas Parrow</i>			Father's Birthplace	<i>Willow, Md.</i>
Mother's Maiden Name	<i>Christina B. Ray</i>			Mother's Birthplace	<i>Chesapeake, Md.</i>
Name of person giving Information	<i>Christina B. Parrow</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

Primary	<i>Tuberculosis</i>	How long	<i>27</i> <input checked="" type="checkbox"/>
Immediate	<i>Pulmonary hemorrhage</i>	How long	<i>2 months</i>
			<i>1 hour</i>

Are the name, age, sex, color, data and place correctly given above?

*Yes*

Signature of Physician

*W. H. Talbot*

Address

*Willow, Md.*

Accident or Suicide

PHYSICIAN  
OR CORONER

*6*



Name  
in  
Full

*W. H. Sherbert*

CERTIFICATE OF DEATH

Died at *Huntingtown* Town *Calvert* County  
Date of death *1909* Month *Dec* Day *17* Age *49* Years Months *6* Days  
Sex *male* Color or Race *white* Birth-place *Cal. Co.*  
Occupation *Merchant* Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

*Rezin H. Sherbert*

Father's Birthplace

*a. a. Co. Md*

Mother's Maiden Name

*Susan Crosby*

Mother's Birthplace

*A. A. Co.*

Name of person giving Information

*J. H. Harrison*

How related to deceased

*None*

CAUSES OF DEATH

Primary

*Alcoholism*

How long

Immediate

*Heart Failure*

How long

*died Suddenly*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

*J. W. Leitch*

Address

*Huntingtown Md*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Mary Ida Wood

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mt. Harmony		County Calvert		MARYLAND	
Date of death		1909	Month Dec.	Day 12	Age 14	Months	Days
Sex Female		Color or Race White		Birth-place Mt. Harmony, Md.			
Occupation Pupil in public school		Where Reading if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Hilder Wood		Father's Birthplace Mt. Harmony, Md.					
Mother's Maiden Name Nellie Lane		Mother's Birthplace Lo. Marlboro, Md.					
Name of person giving Information Mrs Nellie Wood		How related to deceased Mother					

## CAUSES OF DEATH

PHYSICIAN OR CORONER  e	Primary	Acute Toxicity	How long 101	1 day
	Immediate	Syncope	How long	4 minutes
	Are the name, age, sex, color, date and place correctly given above?		Yes	
	Signature of Physician W. M. Chaney, M.D.		Address Chaney, Md.	
Accident or Suicide				

